

# CLAIMS ONLY

Application Number

10/829,440

Filing Date

Applicant(s)

CLAIMS	ESTIMATED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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48						
49						
50						
Total Indep	1					
Total Depend	20					
Total Claims	21					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						